

NATIONAL FLOOD INSURANCE PROGRAM FINAL REPORT

(See reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice)

INSURED _____

POLICY NUMBER _____

PROPERTY ADDRESS _____

DATE OF LOSS _____

ADJUSTING COMPANY _____

ADJ. FILE NO. _____

PREMISES HISTORY	Date risk was originally constructed: _____				Insured at premises since: _____	
	Date of Alteration	Brief Description of Alteration	Market Value	Cost of Alteration	Type of Alteration	*Substantial Improvement?
	_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	* Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun.					
	Prior losses (approximate dates and amounts of loss):					
	_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made		
	_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made		
	_____	Repairs completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Insured but no claim made		
(Continue under Remarks if additional space is needed for alteration or prior losses.)						
INTERESTS	Mortgagee(s): _____					
	Loss Payee(s): _____					
CLAIM SUMMARY	Other Insurance: _____ (Company) (Type) (Policy Number) (Coverage: Bldg./Conts.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Covers flood?)					
	Duration building will not be habitable: <input type="checkbox"/> 0-2 days <input checked="" type="checkbox"/> 3-7 days <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-2 months <input type="checkbox"/> more than 2 months					
	Claim Recapitulation (See worksheets for details)					
		Building		Contents		Totals
		Main*/Association	Appurtenant/Unit	Main*/Association	Appurtenant/Unit	
	Property Value (RCV)					
	Property Value (ACV)					
	Gross Loss (RCV)					
	Covered Damage (ACV)					
	Removal/Protection					
	Total Loss (ACV)					
	Less Salvage					
	Less Deductible					
	Excess Over Limit					
	Claim Payable (ACV)					
Damage from other Cause						
Identify Cause: _____						
Main building RCV: \$ _____ Insured qualifies for R/C coverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable						
*Includes mobile home. If yes, R/C claim: \$ _____ Total building claim: \$ _____						
EXCLUDED DAMAGES	Approximate value of property excluded:				Approximate damage to property excluded:	
	Excluded Building	<input type="checkbox"/> 1 Less than 1,000	<input type="checkbox"/> 4 5,000 - 10,000	<input type="checkbox"/> 1 Less than 1,000	<input type="checkbox"/> 4 5,000 - 10,000	
	Damages:	<input type="checkbox"/> 2 1,000 - 2,000	<input type="checkbox"/> 5 10,000 - 20,000	<input type="checkbox"/> 2 1,000 - 2,000	<input type="checkbox"/> 5 10,000 - 20,000	
		<input type="checkbox"/> 3 2,000 - 5,000	<input type="checkbox"/> 6 More than 20,000	<input type="checkbox"/> 3 2,000 - 5,000	<input type="checkbox"/> 6 More than 20,000	
	Excluded Contents	<input type="checkbox"/> 1 Less than 1,000	<input type="checkbox"/> 4 5,000 - 10,000	<input type="checkbox"/> 1 Less than 1,000	<input type="checkbox"/> 4 5,000 - 10,000	
	Damages:	<input type="checkbox"/> 2 1,000 - 2,000	<input type="checkbox"/> 5 10,000 - 20,000	<input type="checkbox"/> 2 1,000 - 2,000	<input type="checkbox"/> 5 10,000 - 20,000	
		<input type="checkbox"/> 3 2,000 - 5,000	<input type="checkbox"/> 6 More than 20,000	<input type="checkbox"/> 3 2,000 - 5,000	<input type="checkbox"/> 6 More than 20,000	
ENCL	<input type="checkbox"/> Building worksheets () <input type="checkbox"/> Photographs () <input type="checkbox"/> Proof of Loss <input type="checkbox"/> Other _____					
	<input type="checkbox"/> Contents worksheets () <input type="checkbox"/> Narrative (pp) <input type="checkbox"/> R/C Proof <input type="checkbox"/> Other _____					
CERTIFICATION	The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001.					
	County of _____			Insured _____		
	State of _____			Insured _____		
	Signed this _____ day of _____, 20 _____			Witness _____		

Privacy Act Statement

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State and Local Government agencies for determining eligibility for benefits and for verification of nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay of processing or denial of this claim and/or application.

Paperwork Reduction Act Notice

Public Reporting burden for the collection of information titled "Claims for National Flood Insurance Program (NFIP)" is estimated to average 4 hours per claim. This estimate includes the time, effort, or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Federal Insurance Administration or its agent. The reporting burden for this form as part of the collection of information is highlighted below. Your response to this collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the highlighted form. You may send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0021). Do not send the completed form to the above address.

FEMA Form No.	Title	Burden Hours
81-40	Worksheet-Contents-Personal Property	2.5 Hours
81-41	Worksheet-Building	2.5 Hours
81-41A	Worksheet-Building (Cont'd)	1.0 Hours
81-42	Proof of Loss	5 Minutes
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	4 Minutes
81-44	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	6 Minutes
81-57	National Flood Insurance Program Preliminary Report	4 Minutes
81-58	National Flood Insurance Program Final Report	4 Minutes
81-59	National Flood Insurance Program Narrative Report	5 Minutes
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Mobile Home Worksheet	30 Minutes
81-98	Increased Cost of Compliance (ICC) Adjuster Report	25 Minutes